



AP / RCE / 1632 /

Atty. Dkt. No. 023533-0113

Applicant: Lawrence E. CORNETT et al.
Title: RECOMBINANT BETA2-ADRENERGIC RECEPTOR DELIVERY AND
USE IN TREATING AIRWAY AND VASCULAR DISEASES
Appl. No.: 09/783,580
Appl. Filing Date: 02/15/2001
Examiner: Scott David Priebe
Art Unit: 1632

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REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. **Submission required under 37 C.F.R. §1.114:** (check items that apply)

a. Previously submitted:

☐ Please enter and consider the amendment/reply previously filed on ____.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not considered.

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☐ Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on ____.

☐ Other ____.

b. Enclosed are:

☒ Amendment/Reply.

☒ Declaration with 3 exhibits

☒ Information Disclosure Statement.

☒ Form PTO-SB08 with copies of 2 listed reference(s).

☐ Other .

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Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e)				\$770.00	\$770.00
Total Claims:	<u>46</u>	<input type="checkbox"/> <u>47</u>	<u>0</u>	x \$18.00	= <u>\$0.00</u>
Independents:	<u>6</u>	<input type="checkbox"/> <u>6</u>	<u>0</u>	x \$86.00	= <u>\$0.00</u>
First presentation of any Multiple Dependent Claims:				+ \$290.00	= <u>\$0.00</u>
CLAIMS FEE TOTAL:					= <u>\$770.00</u>

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$420.00	\$420.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:			\$420.00
CLAIMS AND EXTENSION FEE TOTAL:			\$1190.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$595.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)		\$0.00
TOTAL FEE:			\$595.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$595.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$595.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date Oct 16, 2003

FOLEY & LARDNER
Customer Number: 22428
Telephone: (202) 672-5483
Facsimile: (202) 672-5399

Respectfully submitted,

Michael M. Huleatt
Reg No. 34,717

By _____

for Jayme A. Huleatt
Attorney for Applicant
Registration No. 34,485